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CATALYST LAW GROUP 858 450 9834

NO. 1033 P. 1

FACSIMILE TRANSMITTAL SHEET

DATE: August 23, 2004
TO: POA DIVISION
FROM: Shar Dirkovich, Legal Assistant to
Catalyst Law Group, APC
RE: Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address
FAX NO: (703) 305-3230

No. Pages Including Fax Cover Sheet:

COMMENTS: Please see the attached for filing with Application Number
10/633,590.

CERTIFICATE OF TRANSMISSION

(37 C.F.R. § 1.8A)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being transmitted via facsimile to Fax No. (703) 305-3230, POA Division, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 23/2004

Shar Dirkovich


Signature of person signing

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PTO/SB/92 (08-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/633 590
	Filing Date	August 5, 2003
	First Named Inventor	Joe Chappell
	Art Unit	
	Examiner Name	
	Attorney Docket Number	50229-380

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32301

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

32301

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Donald G. Kesch, Director

Signature *Donald G. Kesch*

Date August 22, 2004

Telephone (859) 257-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

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